General

Guideline Title

Food allergy in children and young people. Diagnosis and assessment of food allergy in children and young people in primary care and community settings.

Bibliographic Source(s)

Centre for Clinical Practice. Food allergy in children and young people. Diagnosis and assessment of food allergy in children and young people in primary care and community settings. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Feb. 28 p. (Clinical guideline; no. 116).

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

Note from the National Guideline Clearinghouse (NGC): This guideline was developed by the Centre for Clinical Practice at the National Institute for Health and Clinical Excellence (NICE). See the "Availability of Companion Documents" field for the full version of this guidance.

Assessment and Allergy-Focused Clinical History

Consider the possibility of food allergy in children and young people who have one or more of the signs and symptoms in the table below. Pay particular attention to persistent symptoms that involve different organ systems.

Table: Signs and Symptoms of Possible Food Allergy

Immunoglobulin E (IgE)-Mediated	Non-IgE-Mediated
The Skin	
Pruritus	Pruritus
Erythema	Erythema
Acute urticaria – localised or generalised	Atopic eczema
Acute angioedema – most commonly of the lips, face and around	

Immunoglobulin E (IgE)-Mediated	Non-IgE-Mediated
The eyes The Gastrointestinal System	
Angioedema of the lips, tongue and palate	Gastro-oesophageal reflux disease
Oral pruritus	Loose or frequent stools
Nausea	Blood and/or mucus in stools
Colicky abdominal pain	Abdominal pain
Vomiting	Infantile colic
Diarrhoea	Food refusal or aversion
	Constipation
	Perianal redness
	Pallor and tiredness
	Faltering growth in conjunction with at least one or more gastrointestinal symptoms above (with or without significant atopic eczema)
The Respiratory System (usually in combination with one or more of the above symptoms and signs)	
Upper respiratory tract symptoms (nasal itching, sneezing, rhinorrhoea or congestion [with or without conjunctivitis])	
Lower respiratory tract symptoms (cough, chest tightness, wheezing or shortness of breath)	
Other	
Signs or symptoms of anaphylaxis or other systemic allergic reactions	

Note: This list is not exhaustive. The absence of these symptoms does not exclude food allergy.

Consider the possibility of food allergy in children and young people whose symptoms do not respond adequately to treatment for:

- Atopic eczema (for information about treatment for atopic eczema see the NICE guideline Atopic eczema in children. Management of atopic eczema in children from birth up to the age of 12 years [NICE clinical guideline 57]).
- Gastro-oesophageal reflux disease
- Chronic gastrointestinal symptoms, including chronic constipation

If food allergy is suspected (by a healthcare professional or the parent, carer, child or young person), a healthcare professional with the appropriate competencies (either a general practitioner [GP] or other healthcare professional) should take an allergy-focused clinical history tailored to the presenting symptoms and age of the child or young person. This should include:

- Any personal history of atopic disease (asthma, eczema or allergic rhinitis)
- Any individual and family history of atopic disease (such as asthma, eczema or allergic rhinitis) or food allergy in parents or siblings
- Details of any foods that are avoided and the reasons why
- An assessment of presenting symptoms and other symptoms that may be associated with food allergy (see the first recommendation and the table above), including questions about:
    - The age of the child or young person when symptoms first started
    - Speed of onset of symptoms following food contact
    - Duration of symptoms
    - Severity of reaction
    - Frequency of occurrence
    - Setting of reaction (for example, at school or home)
    - Reproducibility of symptoms on repeated exposure
    - What food and how much exposure to it causes a reaction
- Cultural and religious factors that affect the foods they eat

- Who has raised the concern and suspects the food allergy
- What the suspected allergen is
- The child or young person's feeding history, including the age at which they were weaned and whether they were breastfed or formula-fed – if the child is currently being breastfed, consider the mother's diet
- Details of any previous treatment, including medication, for the presenting symptoms and the response to this
- Any response to the elimination and reintroduction of foods

Based on the findings of the allergy-focused clinical history, physically examine the child or young person, paying particular attention to:

- Growth and physical signs of malnutrition
- Signs indicating allergy-related comorbidities (atopic eczema, asthma and allergic rhinitis).

Diagnosis

Food allergy can be classified into immunoglobulin E (IgE)-mediated and non-IgE-mediated allergy. IgE-mediated reactions are acute and frequently have a rapid onset. Non-IgE-mediated reactions are generally characterised by delayed and non-acute reactions.

IgE-Mediated Food Allergy

Based on the results of the allergy-focused clinical history, if IgE-mediated allergy is suspected, offer the child or young person a skin prick test and/or blood tests for specific IgE antibodies to the suspected foods and likely co-allergens.

Tests should only be undertaken by healthcare professionals with the appropriate competencies to select, perform and interpret them.

Skin prick tests should only be undertaken where there are facilities to deal with an anaphylactic reaction.

Choose between a skin prick test and a specific IgE antibody blood test based on:

- The results of the allergy-focused clinical history and
- Whether the test is suitable for, safe for and acceptable to the child or young person (or their parent or carer) and
- The available competencies of the healthcare professional to undertake the test and interpret the results

Do not carry out allergy testing without first taking an allergy-focused clinical history. Interpret the results of tests in the context of information from the allergy-focused clinical history.

Do not use atopy patch testing or oral food challenges to diagnose IgE-mediated food allergy in primary care or community settings.

Non-IgE-Mediated Food Allergy

Based on the results of the allergy-focused clinical history, if non-IgE-mediated food allergy is suspected, trial elimination of the suspected allergen (normally for between 2–6 weeks) and reintroduce after the trial. Seek advice from a dietitian with appropriate competencies, about nutritional adequacies, timings of elimination and reintroduction, and follow-up.

Providing Information and Support to the Child or Young Person and Their Parent or Carer

Based on the allergy-focused clinical history, offer the child or young person and their parent or carer, information that is age-appropriate about the:

- Type of allergy suspected
- Risk of severe allergic reaction
- Potential impact of the suspected allergy on other healthcare issues, including vaccination
- Diagnostic process, which may include:
    - An elimination diet followed by a possible planned rechallenge or initial food reintroduction procedure
    - Skin prick tests and specific IgE antibody testing, including the safety and limitations of these tests
    - Referral to secondary or specialist care.

Offer the child or young person and their parent or carer, information that is relevant to the type of allergy (IgE-mediated, non-IgE-mediated or mixed).

If a food elimination diet is advised as part of the diagnostic process (see "Non-IgE-Mediated Food Allergy," above), offer the child or young person and their parent or carer, taking into account socioeconomic status and cultural and religious issues, information on:

- What foods and drinks to avoid
- How to interpret food labels
- Alternative sources of nutrition to ensure adequate nutritional intake
- The safety and limitations of an elimination diet
- The proposed duration of the elimination diet
- When, where and how an oral food challenge or food reintroduction procedure may be undertaken
- The safety and limitations of the oral food challenge or food reintroduction procedure

For babies and young children with suspected allergy to cows' milk protein, offer:

- Food avoidance advice to breastfeeding mothers
- Information on the most appropriate hypoallergenic formula or milk substitute to mothers of formula-fed babies

Seek advice from a dietitian with appropriate competencies.

Offer the child or young person, or their parent or carer, information about the support available and details of how to contact support groups.

Referral to Secondary or Specialist Care

Based on the allergy-focused clinical history, consider referral to secondary or specialist care in any of the following circumstances.

- The child or young person has:
  - Faltering growth in combination with one or more of the gastrointestinal symptoms described in the first recommendation and the table above
  - Not responded to a single-allergen elimination diet
  - Had one or more acute systemic reactions
  - Had one or more severe delayed reactions
  - Confirmed IgE-mediated food allergy and concurrent asthma
  - Significant atopic eczema where multiple or cross-reactive food allergies are suspected by the parent or carer
- There is:
  - Persisting parental suspicion of food allergy (especially in children or young people with difficult or perplexing symptoms) despite a lack of supporting history
  - Strong clinical suspicion of IgE-mediated food allergy but allergy test results are negative
  - Clinical suspicion of multiple food allergies

Alternative Diagnostic Tools

Do not use the following alternative diagnostic tests in the diagnosis of food allergy:

- Vega test
- Applied kinesiology
- Hair analysis

Do not use serum-specific immunoglobulin G (IgG) testing in the diagnosis of food allergy.

Clinical Algorithm(s)

A care pathway for the diagnosis of food allergy is provided in the Quick Reference Guide (see the "Availability of Companion Documents" field).

Scope

Disease/Condition(s)

Food allergy (immunoglobulin E [IgE]-mediated and non-IgE-mediated)

Note: This guideline does not cover non-immunologically mediated (that is, non-allergic) food intolerance such as an intolerance to lactose.

Guideline Category

Counseling

Diagnosis

Evaluation

Clinical Specialty

Allergy and Immunology

Dermatology

Emergency Medicine

Family Practice

Gastroenterology

Nutrition

Pediatrics

Intended Users

Advanced Practice Nurses

Allied Health Personnel

Dietitians

Health Care Providers

Nurses

Pharmacists

Physician Assistants

Physicians

Guideline Objective(s)

To offer best practice advice on the care of children and young people with suspected food allergies

Target Population

- Children and young people up to their 19th birthday with suspected food allergy presenting with symptoms such as atopic eczema, anaphylaxis, urticaria, rhinitis, conjunctivitis, asthma, gastrointestinal symptoms and oral allergy syndrome
- Children and young people up to their 19th birthday who are at higher risk of developing food allergy, specifically those with, but not exclusive to:
    - Existing atopic diseases, such as asthma, atopic eczema or allergic rhinitis
    - A first-degree relative (that is, a parent or sibling) with a food allergy or other atopic disease

Note: Groups that are not covered:

Adults aged 19 years and over

Children and young people with non-immunologically mediated (that is, non-allergic) food intolerance such as an intolerance to lactose
Children and young people with a toxic reaction to food, such as protease inhibitors in legumes
Children and young people with a pharmacological reaction to food, such as tyramine in cheese and pickled herrings
Children and young people with a psychological reaction to food, such as food avoidance

Interventions and Practices Considered

1. Assessment of signs and symptoms of food allergy
2. Allergy-focused clinical history
3. Physical examination, with attention to growth and physical signs of malnutrition and signs indicating allergy-related comorbidities
4. Skin prick test and/or blood tests for specific immunoglobulin E (IgE) antibodies to the suspected foods and likely co-allergens
5. For suspected non-IgE-mediated food allergy, trial elimination of the suspected allergen and reintroduction after the trial
6. Provision of information and support to the child or young person and their parent or carer
7. Referral to secondary or specialist care

Note: The following interventions were considered but not recommended: Vega test, applied kinesiology, hair analysis, and serum-specific immunoglobulin G (IgG) testing.

Major Outcomes Considered

- Utility of various tools, history taking and physical examination for the correct diagnosis and assessment of immunoglobulin E (IgE), non-IgE, or mixed-IgE-mediated food allergy
- Rates of referral to secondary or specialist care
- Adverse events associated with diagnostic tools
- Health-related quality of life associated with diagnosis or misdiagnosis of food allergy
- Resource use and costs

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Searches of Unpublished Data

Description of Methods Used to Collect/Select the Evidence

Note from the National Guideline Clearinghouse (NGC): This guideline was developed by the Centre for Clinical Practice at the National Institute for Health and Clinical Excellence (NICE). See the "Availability of Companion Documents" field for the full version of this guidance.

The evidence reviews used to develop the guideline recommendations were underpinned by systematic literature searches, following the methods described in "The guidelines manual" (2009) (see the "Availability of Companion Documents" field).

The search strategies for the key clinical questions were developed by the Information Services Team with advice from the Short Clinical Guidelines Technical Team (see the "Description of Methods Used to Analyze the Evidence" field for the list of questions). Structured clinical questions were developed using the PICO (population, intervention, comparison, outcome) model and were translated into search strategies using subject heading and free text terms. The strategies were run across a number of databases with no date restrictions imposed on the searches.

To identify economic evaluations the NHS Economic Evaluation Database (NHS EED) and the Health Economic Evaluations Database (HEED)

were searched. Search filters to identify economic evaluations and quality of life studies were used to interrogate bibliographic databases. There were no date restrictions imposed on the searches.

In addition to the systematic literature searches, the Guideline Development Group members were asked to alert the Short Clinical Guidelines Technical Team to any additional evidence, published, unpublished or in press, that met the inclusion criteria.

The searches were undertaken between January to March 2010.

Scoping Searches

Scoping searches were undertaken in October 2009 using the following websites and databases (listed in alphabetical order); browsing or simple search strategies were employed. The search results were used to provide information for scope development and project planning. Refer to Appendix 1.2 in the full version of the original guideline document for a list of sources and databases used in the scoping searches.

Main Searches

The following sources were searched for the topics presented in the sections below.

- Clinical Trials.gov
- Current Controlled Trials
- Cochrane Database of Systematic Reviews – CDSR (Wiley)
- Cochrane Central Register of Controlled Trials – CENTRAL (Wiley)
- Database of Abstracts of Reviews of Effects – DARE (CRD)
- Health Technology Assessment Database – HTA (CRD)
- CINAHL (HDAS via NHS Evidence)
- EMBASE (Ovid)
- MEDLINE (Ovid)
- MEDLINE In-Process (Ovid)
- National Research Register Archive
- UK Clinical Research Network

The searches addressed questions about diagnosis and referral to secondary care as well as patient information needs. A review of reviews was undertaken to attempt to focus in on reviews of the evidence and in this case a systematic review filter was applied, the other searches were not limited by study design.

The MEDLINE search strategies were translated for use in all of the other databases. Detailed information on the search strategy can be found in Appendix 1.2 of the full version of the original guideline.

Cost Effectiveness Selection

Given the paucity of available information Guideline Development Group (GDG) opinion was used in the identification and selection of papers and data.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Expert Consensus

Rating Scheme for the Strength of the Evidence

Not applicable

Methods Used to Analyze the Evidence

Decision Analysis

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

Note from the National Guideline Clearinghouse (NGC): This guideline was developed by the Centre for Clinical Practice at the National Institute for Health and Clinical Excellence (NICE). See the "Availability of Companion Documents" field for the full version of this guidance.

The guideline addresses six key clinical questions:

1. What elements should be included in an allergy-focused clinical history?
2. What tests should be used to diagnose immunoglobulin E (IgE)-mediated allergy?
3. What tests should be used to diagnose non-IgE-mediated food allergy?
4. What information should be provided during the diagnostic process?
5. When should referrals to secondary and/or specialist care be made?
6. What is the value of alternative diagnostic tests?

Wherever possible, grading of recommendations assessment, development and evaluation (GRADE) was used as a method to assess study quality. However, where GRADE tables were not appropriate, quality assessments were based on critical appraisal of the study design and limitations. GRADE is currently only developed for intervention studies and therefore was not appropriate for clinical questions one, four and five, which addressed clinical history taking, the information needs of the child or young person and referral to secondary or specialist care, respectively. Where GRADE was not used, its principles (indirectness, limitations, inconsistency, imprecision and other considerations) formed part of the discussion of the evidence with the Guideline Development Group (GDG). In question one the GDG did not identify any studies that compared clinical history taking with no clinical history taking. So studies in which clinical history had been taken were evaluated to identify the relevant questions for an allergy-focused clinical history. A review of reviews was done to analyse the risk factors that would be associated with likely development of food allergy. For question four most of the papers identified were qualitative papers, for which it is inappropriate to use a modified GRADE assessment. For question five no studies were identified comparing cohorts of children who had been referred with those who had not. For a full explanation of how this type of guideline is developed, see 'The guidelines manual' (2009) (see the "Availability of Companion Documents" field).

Cost Effectiveness

A decision tree was used to model the diagnosis of food allergy in children and a subsequent Markov model was constructed to explore the long-term outcomes (see the "Cost Analysis" field). The model structure is outlined in Figure 1 of Appendix 3 of the full version of the original guideline document.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Note from the National Guideline Clearinghouse (NGC): This guideline was developed by the Centre for Clinical Practice at the National Institute for Health and Clinical Excellence (NICE). See the "Availability of Companion Documents" field for the full version of this guidance.

Forming and Running the Short Clinical Guideline Development Group (GDG)

Each short clinical guideline is developed by a unique GDG consisting of 10–12 members, supported by the Short Clinical Guidelines Team. Each GDG has a Chair, healthcare professional members and a minimum of two patient and carer members. Co-opted expert advisers are recruited, as appropriate. A Clinical Adviser, who has specific content expertise and additional responsibilities, may also be appointed depending on the topic. Recruitment of the GDG Chair and members is carried out in accordance with NICE's policy.

The GDG makes its decisions using the best available evidence presented to it at GDG meetings by the Short Clinical Guidelines Team. The use of formal consensus methods within the GDG will be considered on a case-by-case basis.

Developing Review Questions

A short clinical guideline has a narrow scope and covers only part of a care pathway. It addresses a maximum of three subject areas covering clinical management. This will result in a small number of key clinical issues. These are broken down into a defined number of review questions — usually one or two per clinical management area. The exact number will be dictated by the size of the short clinical guideline remit and the amount of development time available.

Creating Guideline Recommendations

Explicit methods of linking the evidence to recommendations are used for short clinical guidelines if the topic is suitable. This involves using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Research recommendations are formulated for short clinical guidelines. Their number is dependent on the size of the short clinical guideline remit and the amount of development time available.

Writing the Guideline

There are usually three versions of short clinical guidelines:

- The full guideline – all the recommendations, details of how they were developed and summaries of the evidence they are based on.
- The quick reference guide – a summary of the recommendations for healthcare professionals.
- Understanding NICE guidance' – a summary for patients and carers.

The full guideline is written by the Short Clinical Guidelines Team, following the principles in chapters 9 and 10 of 'The guidelines manual' (see the "Availability of Companion Documents" field).

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

The results from this analysis appear to suggest that skin prick and immunoglobulin E (IgE) blood testing to confirm a diagnosis of food allergy in children is associated with incremental cost-effectiveness ratios (ICERs) below a threshold of £20,000 per quality-adjusted life year (QALY) gained. The difference in quality of life between those with allergies and those without appears to be the main driver behind the cost effectiveness. Sensitivity analyses indicate that this decision is robust with very high probabilities of being cost effective. The skin prick test appears to be the most cost effective option; however this is likely to depend on the number of people tested per year to make sure that wastage does not occur.

The analysis is very simplistic in terms of the model structure and the data inputted into the model. Therefore, these results should be approached with caution. The full impact of allergies on individuals and the health service are not captured fully by the analysis. Nutritional well being of the child and the impact of repeat appointments from concerned parents are not comprehensively captured by the analysis. It is unclear in which way these factors would affect the cost effectiveness estimates.

The results presented should be considered exploratory given the significant issues in the quality of data and assumptions made.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

The guideline was validated through two consultations.

1. The first draft of the guideline (the full guideline, National Institute for Health and Clinical Excellence [NICE] guideline, and Quick Reference Guide) were consulted with Stakeholders and comments were considered by the Guideline Development Group (GDG)
2. The final consultation draft of the Full guideline, the NICE guideline and the Information for the Public were submitted to stakeholders for final comments.

The final draft was submitted to the Guideline Review Panel for review prior to publication.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of evidence supporting the recommendations is not specifically stated.

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate diagnosis, assessment, and referral of children and adolescents with food allergies

Potential Harms

- There is a risk of anaphylactic reaction with skin prick tests.
- There is the potential risks of an immediate allergic reaction on reintroduction following a period of elimination in children who have presented with an apparently non-immunoglobulin E (IgE)-mediated food allergy (particularly with symptoms of eczema).

Qualifying Statements

Qualifying Statements

- National Institute for Health and Clinical Excellence (NICE) clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the National Health Service (NHS) in England and Wales. This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.
- Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Implementation of the Guideline

Description of Implementation Strategy

The National Institute for Health and Clinical Excellence (NICE) has developed tools to help organisations implement this guidance (see

http://guidance.nice.org.uk/CG116; see also the "Availability of Companion Documents" field).

Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Clinical Algorithm

Foreign Language Translations

Patient Resources

Quick Reference Guides/Physician Guides

Resources

Slide Presentation

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Centre for Clinical Practice. Food allergy in children and young people. Diagnosis and assessment of food allergy in children and young people in primary care and community settings. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Feb. 28 p. (Clinical guideline; no. 116).

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011 Feb

Guideline Developer(s)

National Institute for Health and Care Excellence (NICE) - National Government Agency [Non-U.S.]

Source(s) of Funding

National Institute for Health and Clinical Excellence (NICE)

Guideline Committee

Guideline Development Group

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

A full list of all declarations of interest made by this Guideline Development Group is available in Appendix 4 of the full version of the original guideline document.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the National Institute for Health and Clinical Excellence (NICE) Web site.

Availability of Companion Documents

The following are available:

- Food allergy in children and young people. Diagnosis and assessment of food allergy in children and young people in primary care and community settings. Full guideline. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Feb. 88 p. (Clinical guideline; no. 116). Electronic copies: Available in Portable Document Format (PDF) from the NICE Web site.
- Food allergy in children and young people. Diagnosis and assessment of food allergy in children and young people in primary care and community settings. Quick reference guide. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Feb. 6 p. (Clinical guideline; no. 116). Electronic copies: Available in Portable Document Format (PDF) from the NICE Web site

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- Food allergy in children and young people. NICE Pathways. London (UK): National Institute for Health and Clinical Excellence (NICE); 2012 Mar. Various p. Electronic copies: Available from the NICE Web site .
- Food allergy in children and young people. Audit support. Implementing NICE guidance. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011. 12 p. (Clinical guideline; no. 116). Electronic copies: Available from the NICE Web site .
- Food allergy in children and young people. Baseline assessment. Implementing NICE guidance. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011. Various p. (Clinical guideline; no. 116). Electronic copies: Available from the NICE Web site .
- Food allergy in children and young people. Implementing NICE guidance. Slide set. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011. 26 p. (Clinical guideline; no. 116). Electronic copies: Available from the NICE Web site .
- Food allergy in children and young people. Glossary of terms. Implementing NICE guidance. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011. 8 p. (Clinical guideline; no. 116). Electronic copies: Available in Portable Document Format (PDF) from the NICE Web site .
- Food allergy in children and young people. Podcast. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011. (Clinical guideline; no. 116). Electronic copies: Available from the NICE Web site .
- The guidelines manual 2009. London (UK): National Institute for Health and Clinical Excellence (NICE); 2009 Jan. Electronic copies: Available in Portable Document Format (PDF) from the NICE Archive Web site .

Patient Resources

The following is available:

- Testing for food allergy in children and young people. Understanding NICE guidance - Information for people who use NHS services. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Feb. 12 p. (Clinical guideline; no. 116). Electronic copies: Available in Portable Document Format (PDF) the NICE Web site . Also available in Welsh from the NICE Web site .

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This summary was completed by ECRI Institute on April 18, 2012.

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